

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J60484**

1. Corporation Name

BEACH SPORTIQUE, INC.

FILED
98 DEC -2 PM 12:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

% VINCENT HABACH
3345 E OAKLAND PARK
FT LAUDERDALE FL 33308-7218

% VINCENT HABACH
3345 E OAKLAND PARK
FT LAUDERDALE FL 33308-7218



REINSTATEMENT 1996 ^{msb} 12-2-96

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03/02/1987	
City & State		City & State		5. FEI Number	
Zip		Country		65-0003261	
				Applied For	
				<input checked="" type="checkbox"/> Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	HABACH, VINCENT	3345 E. OAKLAND PARK	FT LAUDERDALE FL
D	HABACH, DOMINIQUE	3345 E. OAKLAND PARK	FT LAUDERDALE FL

~~400002019134-0~~
-12/04/96--01040--019
****375.00 ****375.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
HABACH, VINCENT P 3345 E OAKLAND PARK FT LAUDERDALE FL 33308		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	
		State	
		Zip Code	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
Signature of Registered Agent: *Vincent P. Habach* Date: 11-27-96
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(b), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *Vincent P. Habach* Date: 11-27-96 Daytime Phone #: 814-825-1604
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CREATING (7/96)